



MEDI-CAL UPDATE

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www.medi-cal.ca.gov

Pharmacy Bulletin 627

March 2006

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Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications Drugs*.

Addition, effective April 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* ISOSORBIDE DINITRATE AND HYDRALAZINE HYDROCHLORIDE Tablets	20 mg – 37.5 mg	ea

* Restricted to the treatment of heart failure as an adjunct to cardiovascular medications.

Changes, effective April 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
AZITHROMYCIN		
* Tablets	250 mg	ea
* Restricted to a maximum quantity per dispensing of eight (8) tablets and a maximum of two (2) dispensings in any 30-day period.		
* Tablets	500 mg	ea
* Restricted to a maximum quantity per dispensing of four (4) tablets and a maximum of two (2) dispensings in any 30-day period.		
* Tablets	600 mg	ea
* Restricted to use in the prevention of infections caused by Mycobacterium organisms.		
+ Powder packet	1 Gm	ea
* Suspension	100 mg/5cc	15 cc
	200 mg/5cc	15 cc
		22.5 cc

* Restricted to use for individuals less than eight years old with otitis media infection.

(NDC labeler code 00069 [PFIZER INC.] only for all dosage forms and strengths of azithromycin.)

+ Frequency of billing requirement

EDS/MEDI-CAL HOTLINES

Border Providers	(916) 636-1200
CDHS Medi-Cal Fraud Hotline	1-800-822-6222
Telephone Service Center (TSC)	1-800-541-5555
Provider Telecommunications Network (PTN)	1-800-786-4346

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For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.



***OPT OUT** is a new service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt-out” of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at www.medi-cal.ca.gov, and click the “Learn how...” OPT OUT link on the right side of the home page.*

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

MEDI-CAL FRAUD IS AGAINST THE LAW

**MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS
EACH YEAR AND CAN ENDANGER
THE HEALTH OF CALIFORNIANS.**

**HELP PROTECT MEDI-CAL AND YOURSELF
BY REPORTING YOUR OBSERVATIONS TODAY.**

**CDHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222**

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Changes, effective April 1, 2006 (continued)

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* FONDAPARINUX SODIUM		
Prefilled syringe	2.5 mg	cc
<u>Prefilled syringe</u>	<u>5 mg</u>	<u>cc</u>
<u>Prefilled syringe</u>	<u>7.5 mg</u>	<u>cc</u>
<u>Prefilled syringe</u>	<u>10 mg</u>	<u>cc</u>
* Restricted to a maximum of ten (10) syringes per dispensing and a maximum of two (2) dispensings per patient in any 12-month period.		
* LANTHANUM CARBONATE		
Tablets	250 mg	ea
	500 mg	ea
	<u>750 mg</u>	ea
	<u>1000 mg</u>	ea
* Restricted to use in patients with end-stage renal disease.		
+ LOSARTAN AND HYDROCHLOROTHIAZIDE		
Tablets	50 mg – 12.5 mg	ea
	<u>100 mg – 12.5 mg</u>	<u>ea</u>
	100 mg – 25 mg	ea

+ Frequency of billing requirement

This update is reflected on manual replacement pages drugs cdl p1a 13 (Part 2) and drugs cdl p1b 16, 33, 36 and 43 (Part 2).

Diabetic Medical Supplies Addition

Effective for dates of service on or after April 1, 2006, the following Home Diagnostics, Inc.-contracted diabetic supply has been added to the *Medical Supplies List* section.

<u>Description</u>	<u>Billing Code</u>	Bill Quantity in <u>Total Number of</u>
Sidekick Blood Glucose System (50-ct)	56151088050	Kit

Kits are limited to no more than two per dispensing/claim with a therapy duration limit of four dispensings in 90 days, per recipient, without prior authorization.

This product is reimbursable to Pharmacy providers only, and must be billed using the Point of Service (POS) network, Computer Media Claims (CMC) or paper.

This information is reflected on manual replacement page mc sup lst1 17 (Part 2)

Synagis (Palivizumab) Billing Update

Effective for dates of service on or after September 1, 2006, providers may no longer bill for Synagis (palivizumab) using local codes X7441 (Synagis 50 mg) and X7439 (Synagis 100 mg).

In accordance with the provisions of *Business and Professions Code* (B&P Code), Section 4051, Pharmacy providers who purchase and then dispense Synagis directly to a physician's office or medical clinic for administration in the medical office or clinic setting, or to a Home Health Agency (HHA) for an approved in-home visit, which may include, but not be limited to, Synagis administration, may bill Medi-Cal through the CAL-POS online system, Computer Media Claims (CMC) or paper claims using the drug's National Drug Code (NDC). The physician's office or clinic will continue to bill Medi-Cal separately for the cost of administration of Synagis. The reimbursement for the cost of Synagis administration is included in an HHA visit, so it should not be billed separately.

All claims require an approved *Treatment Authorization Request* (TAR).

- Physicians who purchase Synagis directly for administration may continue to bill with CPT-4 code 90378 (Synagis 50 mg). The administration fee is included in the reimbursement for the drug.
- Providers who meet the criteria for billing Synagis using the drug's NDC must submit TARs to either the Southern Medi-Cal Pharmacy Office by fax at 1-800-869-4325, or the Northern Medi-Cal Pharmacy Office by fax at 1-800-829-4325, as determined by the provider's geographic location.
- Physician providers billing for Synagis with CPT-4 code 90378 must continue to submit TARs to the Los Angeles Medi-Cal Field Office by fax at 1-866-816-4377.

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Remove and replace:

drugs cdl p1a 13/14

drugs cdl p1b 15/16, 33 thru 36, 43/44

drugs cdl p4 11 thru 14

mc sup lst1 17/18